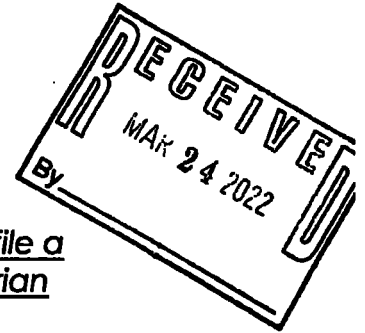


ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV



COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: March 24, 2022 Case Number: 22 - 111

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr. Benjamin Berriman
Premise Name: Banfield Pet Hospital
Premise Address: 24640 N. Lake Pleasant Parkway
City: Peoria State: Arizona Zip Code: 85383
Telephone: (623) 773-9056

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Kaylee Taube
[REDACTED]
C [REDACTED] State [REDACTED]
Home Telephone: [REDACTED] Cell Telephone [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Ripp

Breed/Species: Purebred Golden Retriever

Age: 13 Weeks Sex: Male Color: Golden/red

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Dr. Benjamin Berriman and the vet techs on staff of March 15

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Nicholas Hunt- 

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Kaylee Taube

Date: March 24, 2022

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

On March 15, 2022, my 13 week old golden retriever puppy, Ripp, was seen by Dr. Benjamin Berriman at Banfield pet Hospital off of Lake Pleasant Parkway for his vaccine shots. While in the care of multiple doctors, Ripp managed to swallow a vaccine bottle when he was taken to a back room that I was not allowed to go with when they administered his vaccine. I woke up at 3 AM on March 24 of 2022 to my 13 week puppy choking and seconds later becoming unconscious. When we went to pick him up to start the process of a Heimlich maneuver, a vile of a vaccine popped out of his throat. We demand some thing to be done about the way protocol is ran at Banfield. I went to the hospital this morning, March 24, 2022 and had x-rays and blood work done and was sent home. I showed the doctor the vile and he looked at it and confirmed it is what they used to administer vaccines. He then took the vile in the back room and never gave it back. I did take a picture of the vile. While there they made comments such as "Good thing he is a little bigger because he could have choked to death if his throat was a little smaller." and "it's due to Covid that we have to take him to the back room where we watch him." Clearly if he was being watched he wouldn't have had gotten ahold of a whole vile of a vaccine. I later received a call from the doctor explaining Ripp's Lymphocytes are mildly abnormal and was told this is due to inflammation inside of Ripp's body. I asked for his results back and the doctor said he had no way to give them to me. I asked him to make a copy of what he was looking at and have him email them over to me. He replied and said he will have another staff member do it because he couldn't. Something needs to change as this has added on extra stress and trauma for not only my puppy, but my family as well.

April 29, 2022

Ms. Tracy Riendeau, CVT
Investigator
Arizona State Veterinary Medical Examining Board
1740 W Adams St, Ste 4600
Phoenix, AZ 85007

Re: *Benjamin Berriman, DVM; Case 22-111*

Dear Ms. Riendeau:

Thank you for the opportunity to respond to KT's Board complaint. On March 15, 2022, the Veterinary Technician, Sarah Ponce, went into the exam room and obtained a history from KT when she arrived with Ripp. Ms. Ponce explained our current COVID policy to KT which involved performing the examination in the backroom to reduce the number of people within 6 feet of each other.

On March 15, 2022, Ms. Ponce prepared the vaccines for Ripp. In her statement dated April 19, 2022, Ms. Ponce recalled interactions with Ripp and said:

On March 15, 2022, I was employed as a Veterinary Technician at Banfield Pet Hospital. On that date, the owner presented the pet, Ripp, for a new puppy/wellness plan sign-up. He was full of energy and ran around the room. The owner told me that she must watch Ripp constantly because he tries to get into things as a very active puppy. The owner said she came to us because her previous vet wanted to charge her \$400 per visit. The owner agreed to the puppy care plus plan. I told the owner I would take Ripp to the back to obtain the samples that Dr. Berriman had ordered and that he would administer the vaccines. Dr. Berriman ordered the following: a fecal sample, a wisdom panel swab, a Bordetella Intranasal vaccine, a DAPP vaccine, and pyrantel pamoate. *The lab person held Ripp for me while I obtained the vaccine vials from the refrigerator. I placed the vaccine vials on the examination table and then obtained the wisdom panel collection kit and the fecal collection kit. As I pulled the kits, I heard the lab person redirect Ripp several times from getting into things.*

I went to the exam table with the kits and moved the vials to the other side table because Ripp continued to reach for them. I took Ripp's vital signs and then reached for the fecal kit and the wisdom panel kit. Unfortunately, Ripp would not stay still, so I asked the other shift lead to distract him. I obtained all the samples and then

administered the pyrantel. *The lab person continued to hold Ripp so I could draw up the vaccines. I looked for but did not see the Bordetella dilution vial. I then asked the lab person holding Ripp if she had seen the Bordetella dilution vial when I brought out the vaccines, and she said no. The lab person said I must have forgotten to get it when I picked up the vaccines. I then pulled a Bordetella dilution vial from the refrigerator and added the dilution into the Bordetella vaccine vial.* I notified Dr. Berriman that Ripp was ready for his evaluation. I took over for the lab person and held Ripp as Dr. Berriman performed his evaluation. After his assessment, Dr. Berriman administered the vaccines to him. Dr. Berriman informed the owner that we gave Ripp all the vaccines and that he looked healthy and happy. As Dr. Berriman discussed his findings with the owner, Ripp remained full of energy and moved about the room as an active, happy puppy. The owner seemed delighted, and then I checked Ripp out.

On March 24, 2022, Ripp returned after vomiting and choking on a Bordetella dilution vial. I assisted the other shift lead, Ms. Daisy Ford, to take abdominal radiographs of Ripp, and then she took him back to the room. I then helped Ms. Ford draw blood from Ripp and applied a vet wrap. Ripp immediately tried to remove the vet wrap with his mouth. Ms. Ford assumed Ripp's care, so I left the room.

(Emphasis added in bold and italics). (See Sarah Ponce's April 19, 2022 statement attached as Exhibit 2).

Based on her statement, I believe Ms. Ponce probably brought the diluent vial for the Bordetella Intranasal vaccine into the room, placed it on the table, and did not notice that Ripp had swallowed it while she obtained the samples. When Ms. Ponce looked but could not find the diluent vial, she believed she had forgotten it and got another diluent vial. Then, I entered the room and examined Ripp on an exam table in our treatment area. I also administered the vaccines to him. I left the room to discuss my examination findings and treatment plan with KT. I recommended a urinalysis based on the history provided, and KT authorized the test. I diagnosed Ripp with a mild UTI and prescribed an antibiotic, Amoxicillin. I told KT what clinical signs and symptoms to watch for regarding the UTI and the vaccinations. KT left with Ripp in stable condition, and I did not hear from or see KT until nine days later.

On March 24, 2022, KT arrived in the lobby upset and told the front desk staff that Ripp had choked and then vomited a vaccine vial around 3:00 a.m. The front desk staff told me about her conversation with KT, and I was shocked. I immediately spoke with KT and asked her what had happened. KT said Ripp made a throw-up sound and then lost consciousness around 3:00 a.m. A vial fell out of Ripp's mouth when KT picked him up, and then he appeared fine. KT showed me the sterile diluent vial used for our Bordetella Intranasal vaccine. Since the vomiting episode, KT said that Ripp had acted entirely normal. She also said Ripp acted more like his usual self than he had last week.

I told KT that it sounded like a scary experience and asked if she could provide more details on Ripp's activities over the past nine days. She said Ripp ate well but had loose stools last week. I asked KT if I could perform abdominal radiographs at no charge to confirm the absence of a foreign body in his GI tract. She expressed her appreciation and agreed. Ripp's abdominal films were unremarkable. He had some food material in his stomach and a mild amount of gas in the colon. I shared my abdominal x-ray findings with KT and asked if Ripp had eaten that morning since vomiting last night. KT responded that Ripp had eaten and seemed well.

I examined Ripp with KT present and told her that he looked great. I explained that Banfield had lifted some of the COVID restrictions to allow an owner in the examination room earlier that week. I apologized to KT for what she and Ripp had experienced and said I did not know he had swallowed the vial on March 15, 2022.

I told KT that I would elevate her concern to my area Chief of Staff and Practice Manager to recommend having the exams and vaccines done in the same room with the owner present to prevent a future occurrence. KT appeared relieved and thanked me for promptly evaluating Ripp and ordering the abdominal radiographs. She said, "I know he is a normal puppy that likes to eat things. I watch him like a hawk at home because he always wants to eat things. I had to put your doorstep on the counter to keep him from eating it." I explained that this is typical puppy behavior and conveyed some tips to prevent him from eating more foreign material. KT asked if I could order lab tests to ensure everything was alright. I said, of course, and the technician drew Ripp's blood while I left to write my progress note. After the technician drew the blood, she advised KT that she could take Ripp home, and I would call her with the test results.

I received the lab results about twenty minutes later and called KT immediately to review them. I said Ripp's blood work looked great and that he had a mild elevation in his lymphocytes. She requested a copy of the lab results to show her significant other. I said a technician would email the lab results to her because I did not know how to convert the document to a compatible email format. KT sounded grateful, and we ended the call. The technician emailed the lab results to KT about five minutes later.

On March 24, 2022, I thought I had addressed KT's questions and concerns and that she had left on a positive note. A week later, KT told my Practice Manager that she was furious and filed the Board complaint.

As stated above, I believe Ms. Ponce probably brought the diluent vial for the Bordetella Intranasal vaccine into the room, placed it on the table, and did not notice that Ripp had swallowed it while she obtained the samples. I entered the room to examine Ripp after the swallowing episode. I respectfully submit that my treatment of Ripp met the standard of care and ask the Board to dismiss this case. I have attached Ripp's Banfield Pet Hospital chart as Exhibit 1.

I. My Education, Training, and Experience

In 2016, I obtained my Bachelor of Science degree in Biology with a Zoology/Animal Biology emphasis from Brigham Young University. In 2021, I obtained my Doctor of Veterinary Medicine degree from Midwestern University in Glendale, Arizona. On May 25, 2021, I obtained my license to practice veterinary medicine in the state of Arizona.

II. My Care and Treatment of Ripp

A. On March 15, 2022, I Saw Ripp for a Preventive Care-New Puppy Examination With a possible UTI

On March 15, 2022, I saw Ripp for a Preventive Care-New Puppy examination with a possible UTI. I documented the following in pertinent part:

Vitals Observations: T: 101.2 F., P: 160, R: 30, BAR CRT <2 seconds.

Overall Condition: Overall evaluation complete, overall Nutritional evaluation complete, Body Condition Score: Ideal.

Coat and Skin: Normal.

Ocular: Normal.

Otic: Normal.

Oral/Nasal: Normal.

Respiratory: Normal.

Cardiovascular: Normal.

Abdominal: Normal.

Urogenital: Normal.

Perineal: Normal.

Musculoskeletal: Normal.

Neurological: Normal.

Laboratory Results:

Urine Specific Gravity: 1.05 (1.016-1.080).

Urine Sample Collection Method (Free catch): Negative.

Urine Sample Collection Method (Cystocentesis): Negative.

Urine Sample Collection Method (Sterile catheter): Positive.

Urine WBC: Negative.

Urine RBC: Positive.

Hospital Comments: 2 epithelial cells.

Urine Bacteria: Negative.

Urine Casts: Negative.

Urine Sperm: Negative.

Urine Occult Blood: Positive.

Hospital Comments: Hemolys ++250

Urine Bilirubin: Negative.

Urine Urobilinogen: 0.0 (0.000-1.000).

Urine Ketone: Negative.
Urine Protein: 30.0 (0.000-30.000).
Urine Glucose: 0.0 (0.000-0.000).
Urine pH: 6.5 (5.000-7.500).
Urine Ascorbic Acid
 Hospital Comments: 40.
Urine Color: Yellow.
Urine Appearance: Clear.

Fecal-Hookworm Eggs: Negative.
Fecal-Whipworm Eggs: Negative.
Fecal-Giardia: Negative.
Fecal-Coccidia Oocysts: Negative.
Fecal-Tapeworms: Negative.
Fecal-Abnormal Bacteria: Negative.
Fecal-Significant Blood: Negative.
Fecal-'Other' Eggs: Negative.

Assessment:

Tentative Diagnosis	Status	Date	Hospital
Urinary Tract Infection.	Undergoing Therapy	3/15/2022	5258 Lake Pleasant

Plan and Other Notes:

Prescribed and Administered Therapy for this visit/hospitalization.

3/15/2022

Office Visit-Completed
 DNA Swab Sample Collection-Completed
 Intestinal Parasite Fecal Exam-Completed
 Urinalysis Testing and Collection Package-Completed
 Urine Sample Collect/Prep-Completed
 Urine Specific Gravity-Completed
 Vaccine-Canine DAPP-Completed
 Medical Waste Disposal Fee-Completed
 Wellness Plan Membership Fee-Completed
 Physical Exam: Wellness Plan-Completed
 Interceptor Plus Green (8.1-25lbs) Single Dose-Completed
 Pyrantel Pamoate 50mg/mL (per mL)-Completed
 Urinalysis Test (Individual)-Completed
 Urine Sediment Exam-Completed
 Vaccine-Canine Bordetella-Completed
 WISDOME PANEL Health Canine DNA Test-RefLab (ES)-Completed
 Amoxicillin 100mg Tablet-Completed
 Wellness Plan: First Month Payment-Completed

3/15/2022

Plan:	Berriman, B.	VT/VA	CSC
--------------	---------------------	--------------	------------

Administered at: 03/15/2022 @ 4:38 PM
Preventive Care: Vaccine-Canine DAPP; Route: SQ; Site: Right front leg
Producer: Elanco; Expiration Date: 04/05/2022.
Combination/Product Given: DAPP Alone (Duramune Max 5)

Administered at: 03/15/2022 @ 4:38 PM
Preventive Care: Vaccine-Canine Bordetella; Route: Intranasal; Site: Intranasal
Producer: Merck; Expiration Date: 03/15/2023.
Combination/Product Given: Bordetella/Parainfluenza (Nobivac KC Intranasal)

3/15/2022 4:54 PM

Patient: Ripp (Canine); Client: Kaylee Taube
Prescription Filled On: 3/15/2022; Prescription #: 5258-13556128
Rx: Amoxicillin 100 mg Tablet
Instructions: Give 1.5 tablets every 12 hours for 5 days. Give by mouth only.
Monitor for signs of intestinal upset (decreased appetite, vomiting, diarrhea).

Patient: Ripp (Canine); Client: Kaylee Taube
Prescription Filled On: 3/15/2022; Prescription #: 5258-13556044
Rx: Pyrantel Pamoate 50mg/mL (per mL); Manufacturer: Apexa
Instructions: Give 1.8 mLs one time.
Quantity: 1.80
Providing Doctor: Benjamin Berriman

Patient: Ripp (Canine); Client: Kaylee Taube
Prescription Filled On: 3/15/2022; Prescription #: 5258-13556045
Rx: Interceptor Plus Green (8.1-25lbs) Single Dose; Manufacturer: Elanco
Instructions: Give 1 chewable tablet every 30 days until gone.

3/15/2022 @ 3:57 PM

Assessment:

Urinary incontinence-UTI vs. stones vs. Behavioral.
Urinary Tract Infection Undergoing Therapy.

Objective:

Bar, BC: 5/9, Wt. 8.3kg; T=102.4 F.; P=165; R=70.
Mucous Membranes: Normal-pink/moist. CRT<2 sec.
Eyes: Normal-clear cornea/sclera/anterior chamber and has no discharge OU.
Ears: Normal-clean with no significant discharge AU.
Nose: Normal-clear, without discharge.
Throat: Normal-no inducible cough upon tracheal palpation; no palpable masses.
Dental: Normal-no tartar/gingivitis; estimated POD stage 0/4; dentation well occluded; deciduous teeth.
Cardiovascular: Normal-no murmurs or arrhythmias heard today, pulse strong/synchronous.
Respiratory: Normal-normal bronchovesicular sounds on auscultation of all quadrants.
Abdominal: Normal-no organomegaly, masses, or pain noted on palpation.

Lymph Nodes: Normal-no peripheral lymphadenopathy appreciated.
Neurologic: Normal-no ataxia; normal mentation.
Musculoskeletal: Normal-no asymmetry in musculature, pet is ambulatory on all four limbs.
Urogenital: Normal external anatomy.

PE

Urinalysis via cath

Fecal exam: UTO

Admin: Pyrantel Pamoate 50mg/mL-1.8 mL PO in Hospital

Bordetella IN (1 year)

DAPP SQ RS (3 weeks)

Wisdom Panel to RefLab-pending results.

Rx: Amoxicillin 100mg Tablet

Instructions: Give 1.5 tablets every 12 hours x 5 days. Give by mouth only.

Monitor for signs of intestinal upset (decreased appetite, vomiting, diarrhea).

1. Prognosis: fair.
2. Client Education: Exam results, diagnostic results, vaccine, vaccine reactions, discussed urinary incontinence-UTI vs. stones vs. Behavioral-recommended to run a urinalysis which O did approve and did show bacteria in the urine-treatment for urinary tract infection-start treatment with Amoxicillin.
3. Recheck: 3 weeks.
4. Follow-Up Therapy: Vaccine boosters.

O present pet today for a new pet exam.

E/d normal.

No s/c/v/d.

No medications.

Diet: Purina puppy chow-1 cup BID, O wants to know if she is feeding pet enough, pet still seems hungry, but today O did give ½ cup as a snack on top of the BID.

O got pet about Valentine's Day.

Concerns: Possible UTI-urinating a lot-neon yellow strong odor.

B. On March 24, 2022, I Examined Ripp and Ordered an Abdominal X-Ray and Blood Work, Which Were Normal

On March 24, 2022, I documented my Assessment of Ripp in pertinent part:

Preventive Care

Blood Cell Count: 3/24/2022

Serum Chemistries: 3/24/2022

Differential Exam: 3/24/2022

Electrolytes: 3/24/2022

3/24/2022 @ 8:07 AM

Subjective:

O walked in this morning asking to talk to management. O states pet was in last week for vaccines. Since visit, pet has been having diarrhea and not being as active. O assumed it was related to vaccines and/or her switching pet's diet. Yesterday, pet vomited and started to choke and O had to perform the Heimlich on pet, pet then spit out one of our vaccine vials. O brought in vaccine vial which was the diluent of our intranasal Bordetella.

3/24/2022 @ 8:07 AM

Objective:

Bar, BC: 5/9, Wt. 9.5kg; T=102.9 F.; P=140; R=pant.

Mucous Membranes: Normal-pink/moist. CRT<2 sec.

Eyes: Normal-clear cornea/sclera/anterior chamber and has no discharge OU.

Ears: Normal-clean with no significant discharge AU.

Nose: Normal-clear, without discharge.

Throat: Normal-no inducible cough upon tracheal palpation; no palpable masses.

Dental: Normal-no tartar/gingivitis; estimated POD stage 0/4; dentation well occluded; deciduous teeth.

Cardiovascular: Normal-no murmurs or arrhythmias heard today, pulse strong/synchronous.

Respiratory: Normal-normal bronchovesicular sounds on auscultation of all quadrants.

Abdominal: Normal-no organomegaly, masses, or pain noted on palpation.

Lymph Nodes: Normal-no peripheral lymphadenopathy appreciated.

Neurologic: Normal-no ataxia; normal mentation.

Musculoskeletal: Normal-no asymmetry in musculature, pet is ambulatory on all four limbs.

Urogenital: Normal external anatomy.

T: 102.9 F.-Within Normal Limits, P: 140/min-Within Normal Limits, R: Unable to evaluate, CRT <2 seconds.

Normal or Not Selected Findings:

Overall Condition: Overall evaluation complete, overall Nutritional evaluation complete, Body Condition Score: Ideal.

Dehydration Level: No Dehydration.

Coat and Skin: Normal.

Ocular: Normal.

Otic: Normal.

Oral/Nasal: Normal.

Respiratory: Normal.

Cardiovascular: Normal.

Abdominal: Normal.

Urogenital: Normal.

Perineal: Normal.

Musculoskeletal: Normal.

Neurological: Normal.

Recorded on 3/24/2022 @ 9:16:43 AM:

WBC: 13.31 10⁹/l (6.000-17.000)

Lymphocyte: 5.19 $10^9/l$ (1.000-4.800)
Monocyte: 0.19 $10^9/l$ (0.200-1.500)
Neutrophil: 7.83 $10^9/l$ (3.000-12.000)
Eosinophil: 0.06 $10^9/l$ (0.000-0.800)
Basophil: 0.03 $10^9/l$ (0.000-0.400)
Lymphocyte %: 39.0% (9.000-47.000)
Monocyte %: 1.4% (2.000-12.000)
Neutrophil %: 58.8% (42.000-84.000)
Eosinophil %: 0.5% (1.000-18.000)
Basophil %: 0.2% (0.000-1.100)
RBC Count (RBC): 5.55 $10^{12}/l$ (5.500-8.500)
Hemoglobin (HGB): 11.0 g/dL (12.000-18.000)
Hematocrit (HCT): 37.39% (37.000-55.000)
MCV: 67.0 fl (60.000-77.000)
MCH: 19.9pg (31.000-39.000)
MCHC: 29.5 g/dL (37.000-55.000)
RDW: 20.2% (14.000-20.000)
Platelet Count (PLT): 381.0 $10^9/l$ (165.000-500.000)
PCT: 0.38% (0.150-0.390)
MPV: 9.8 fl (3.900-11.100)

Sodium: 148 mmol/L (145.000-157.000)
Potassium: 5.0 mmol/L (3.500-5.500)
Chloride: 105.0 mmol/L (105.000-119.000)
Na+/K+: 30.0
Osmolarity: 297.0 mmol/kg
Albumin: 2.7 g/dL (2.100-36.00)
Alkaline Phosphatase: 136.0 I/L (46.000-337.000)
ALT/SGPT (ALT): 63.0 U/L (8.000-75.000)
BUN: 80 mg/dL (7.000-29.000)
Calcium: 10.5 mg/dL (7.800-12.600)
Cholesterol: 286.0 mg/dL (100.000-400.000)
Creatinine: 0.6 mg/dL (0.300-1.200)
Gamma Glutamyl Transferase (GGT): 0.0 U/L (0.000-2.000)
Globulin: 2.5 g/dL (2.300-3.800)
Glucose: 124.0 mg/dL (77.000-150.000)
Phosphorus: 9.8 mg/dL (5.100-10.400)
Bilirubin, Total: <0.1 mg/dL (0.000-0.800)
Protein, Total: 5.2 g/dL (4.800-7.200)
BUN/Crea: 12.0

Interpretation of Radiographs:

Tentative Diagnosis	Status	Date
Foreign Body, Gastrointestinal Tract	Condition Resolved	3/24/2022

Plan and Other Notes:

(Reported by most recent date first)

3/24/2022 @ 3:37:41 PM

ADJUST: Payment Method Correction-Completed.

3/24/2022

Office Visit-Completed

Radiology Abdomen-Completed

Blood Sample Collect/Prep-Completed

Electrolytes (K, Na, Cl, Na/K)-Completed

Physical Exam: Wellness Plan-Completed

Superchem/CBC-Completed

Complete Blood Cell Count (CBC/5 part machine differential)-Completed

Medical Waste Disposal Fee-Completed

Internal Organ Function Screen-Completed

Payment Method Correction-Completed.

3/24/2022 @ 9:12 AM

Called with blood work results, informed O all results were normal. O asked if we could please email her a copy of the blood work for her boyfriend, told O we could absolutely do that.

BB/DF.

3/24/2022 @ 8:07 AM

Assessment: Foreign Body, Gastrointestinal Tract, Condition Resolved.

3/24/2022 @ 8:07 AM

PE

Super Chem/CBC

Radiographs Abdominal-food material seen in stomach, gas seen in the colon.

1. Prognosis: Good.
2. Client Education: Adjusted cost for radiographs. O requested we run blood work as well, told O that was fine. We will adjust that as well. Discussed radiograph's results, will call later today with bloodwork results. Apologized to O for last week's incident told O from here on out we will do all of pet's services in the room and I would notate it on pet's file. *O was nervous about us taking pet backup for radiographs and wanted to come back with us. Told O that due to safety with radiation, I could not bring her back with us but I reassured O that I would hold pet the whole time and not put him down once and bring pet right back to her myself and the other shift lead would be taking the radiographs. O was okay with that. O was very thankful for everything we did today:* Drew blood in the room from both front arms since pet was extremely wiggly, O helped distract pet. Placed vet wrap on each front arm and told mom to watch him closely because pet could get those off right away as he was already trying to eat them in the room. Told O to have pet ride with her in the front so she could make sure that does not eat the vet wrap. Told O that there is no longer foreign material seen today on exam. Told O that the puppy must of gotten one of the vaccine vials from the exam table when the tech was not looking. Told O we are discussing issue with Chief of Staff and will make

changes so this will never happen again. Told O all vaccines will be done in the room in front of the owner in the future and what clinical signs to watch for foreign bodies.

3. Recheck: As needed.

4. Follow-Up Therapy: Exam, vxs.

(Emphasis added).

On April 1, 2022, at 1:57 PM, KT spoke with B. Dewar at the office and she documented the following:

Spoke with O in regards to Ripp eating the diluent vial. O states that she is unhappy with how it was handled the day she brought Ripp back after he vomited up the vial. She states that when she asked for the records to be emailed to her, she said that the DVM was trying to say they couldn't email them to her. But then later, she got all the records. She also was upset that the vial was never given back to her for evidence. She states that she wants compensation due to negligence and malpractice. I asked her what kind of compensation was she expecting that way I can let ACOS know. She said she wasn't sure but when she spoke to a lawyer, she was told she could sue due to this. She also wants to be compensated for taking Ripp to a different vet for a second opinion. I told O that he can definitely use me as a point of contact and I can try and help her with anything, especially if patient is still having any issues. I told her that Banfield will always want to make something right especially in a situation like this. O said she would keep in touch with me after she gets the second opinion at the other vet.

CONCLUSION

On March 15, 2022, I believe Ms. Ponce probably brought the diluent vial for the Bordetella Intranasal vaccine into the room, placed it on the table, and did not notice that Ripp had swallowed it while she obtained the samples. I entered the room to examine Ripp after the swallowing episode.

On March 24, 2022, I examined Ripp with KT present, and told her that he looked great. I explained that Banfield had lifted some of the COVID restrictions to allow an owner in the examination room earlier that week. I apologized to KT for what she and Ripp had experienced and said I did not know he had swallowed the vial on March 15, 2022. I ordered abdominal x-rays and lab work which were normal.

I told KT that I would elevate her concern to my area Chief of Staff and Practice Manager to recommend having the exams and vaccines done in the same room in the presence of the owner to prevent a future occurrence. KT appeared relieved and thanked me for promptly evaluating Ripp and ordering the abdominal radiographs. I received the lab results about twenty minutes after KT took Ripp home, and called KT immediately to review them. I said Ripp's blood work looked great and that he had a mild elevation in his lymphocytes. She requested a

copy of the lab results to show her significant other. I said a technician would email the lab results to her because I did not know how to convert the document to a compatible email format. KT sounded grateful, and we ended the call. The technician emailed the lab results to KT about five minutes later.

I respectfully submit that my treatment of Ripp met the standard of care and ask the Board to dismiss this case.

Sincerely,

Benjamin Berriman, DVM

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039

VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Carolyn Ratajack - Chair
Christina Tran, DVM
Robert Kritsberg, DVM
Jarrod Butler, DVM - **Recused**
Steven Seiler

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Marc Harris, Assistant Attorney General

RE: Case: 22-111

Complainant(s): Kaylee Taube

Respondent(s): Benjamin Berriman, DVM (License: 8104)

SUMMARY:

Complaint Received at Board Office: 3/24/22

Committee Discussion: 9/13/22

Board IIR: 10/26/22

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018

(Lime Green); Rules as Revised September 2013 (Yellow).

On March 15, 2022, "Ripp," a 13-week-old male Golden Retriever was presented to Respondent for an exam, diagnostics and vaccines. The dog was taken into the treatment room, samples were taken, and vaccines were prepared for administration. Respondent examined the dog, administered the vaccines and returned the dog to Complainant.

On March 24, 2022, Complainant reported that the dog woke her up choking; the dog was becoming unconscious and when she picked him up, a vaccine vial fell out of his mouth.

Later that day, Complainant presented the dog to Respondent for evaluation. Respondent performed radiographs and blood work at no charge to Complainant. No abnormalities were noted except for mild elevation in lymphocytes.

Complainant was noticed and did not appear.

Respondent was noticed and appeared with counsel T. Scott King.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: Kaylee Taube
- Respondent(s) narrative/medical record: Benjamin Berriman, DVM
- Witness(es) statement: Banfield staff

PROPOSED 'FINDINGS of FACT':

1. On March 15, 2022, the dog was presented to Respondent for an exam, vaccines and check urine. Complainant signed up for the new puppy wellness plan. Staff member, Ms. Ponce obtained the dog's history from Complainant and explained the current COVID policy, which involved performing the examination in the treatment area away from the pet owner. The dog was taken into the back to obtain samples for a fecal test and wisdom panel. Ms. Ponce also prepared the vaccines (DAPP & Intranasal Bordetella) and dewormer (pyrantel pamoate) for Respondent to approve administration after he examined the dog.
2. Ms. Ponce had a co-worker hold the dog while she grabbed the vaccine vials from the refrigerator. The vials were placed on the exam table; Ms. Ponce then retrieved the fecal and wisdom collection kits. She could hear her co-worker steer the dog away from getting into items as she collected the kits. When Ms. Ponce returned to the dog, she placed the vaccination vials at the other end of the table due to the dog continuing to try to reach for them. She obtained the dog's vitals then requested additional assistance since the dog would not stay still. Once Ms. Ponce had additional help, she obtained the samples and administered the dewormer.
3. Ms. Ponce then drew up the vaccines – she did not see the sterile diluent to mix with the Bordetella vaccine. She assumed she had forgotten to grab it from the refrigerator since no one saw the vial. Once the vaccines were prepared, Ms. Ponce alerted Respondent that the dog was ready to be examined.
4. Upon exam, the dog had a weight = 18.3 pounds, a temperature = 101.2 degrees, a heart rate = 160bpm, and a respiration rate = 30bpm; all systems were normal. Urine was collected via catheter which revealed a mild urinary tract infection. The dog was administered the vaccines and the dog was discharged with amoxicillin and Interceptor Plus Green. Complainant was instructed to return in 3 weeks for follow up and booster vaccines.
5. On March 24, 2022, Complainant awoke to the dog choking; she noted the dog was becoming unconscious therefore she picked up the dog to perform the Heimlich maneuver. At this point, a vaccine vial fell out of the dog's mouth.
6. Later, Complainant presented the dog to Respondent stating that the dog had choked and vomited a vaccine vial that morning; Complainant was upset. Respondent spoke with Complainant about what transpired – he confirmed that the sterile diluent vial was used for their Bordetella vaccines. Complainant reported that since the vomiting episode, the dog was acting normal and was acting more like himself than he was the previous week. She also reported the dog was eating well but had loose stools the previous week as well.
7. Respondent examined the dog and offered to perform abdominal radiographs at no charge to ensure there was no foreign body; Complainant approved. Radiographs revealed some food material in the stomach and a mild amount of gas in the colon – otherwise unremarkable. After discussing the radiograph results, Complainant asked about blood work. Respondent agreed and blood was collected for testing. Respondent apologized for what Complainant had

experienced and that he did not know the dog had swallowed the vial on the previous visit. Complainant conveyed that the dog liked to get into things therefore she had to watch him closely. Respondent explained that was normal puppy behavior and gave her tips to prevent the dog from eating more foreign objects.

8. After the blood results were received, Respondent called Complainant to report that the values looked good and the dog had a mild elevation in lymphocytes. Complainant requested a copy of the blood results and Respondent had staff email them to her.

COMMITTEE DISCUSSION:

The Committee discussed that Respondent did not knowingly withhold information from the pet owner. When Respondent was presented with the information, he took responsibility and provided diagnostics to ensure the puppy was not harmed from ingesting the sterile diluent vial.

Changes have been made to ensure this type of incident does not happen again.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 4 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division